



**For Official Use Only**

Date Received: \_\_\_\_\_, 20\_\_

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT APPLICATION**

Khair Family Practice provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**Please -**

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.

**Position Applying For:** \_\_\_\_\_

**Personal Information**

1. Name (Last, First Middle)	3. Social Security # -- --	6. Driver's License (State/No.)
2. Address (Street)	4. Telephone Number ( ) -	7. Alternate Telephone ( ) -
Address (City, State, Zip Code)	5. Email Address	

**General Information**

Are you legally eligible for work in the U.S.A.?  Yes  No  
*(if yes, verification will be required)*

Have you ever applied to or worked for Khair Family Practice before?  Yes  No  
 If so, when?

Are any of your relatives currently working for Khair Family Practice?  Yes  No  
 If so, please list name and department, if applicable.

Have you ever been convicted of a felony?  Yes  No  
 If yes, please explain.

### Employment Request

Minimum Salary Requested: \$ \_\_\_\_\_ If applicable, are you available for overtime?  Yes  No

What is the earliest date you can begin work?

How did you hear about this position?

Recruiter  Internet Job Posting  Newspaper Classified  Company Website  Other \_\_\_\_\_

### Employment History

*\*Please begin with most recent employment*

May we contact your current employer?  Yes  No  Not Applicable

Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: (    ) _____ - _____	Dates of Employment: _____ _____ to _____ _____	Pay or salary Start: _____ Final: _____	Position: Duties:	Reason for Leaving:
Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: (    ) _____ - _____	Dates of Employment: _____ _____ to _____ _____	Pay or salary Start: _____ Final: _____	Position: Duties:	Reason for Leaving:
Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: (    ) _____ - _____	Dates of Employment: _____ _____ to _____ _____	Pay or salary Start: _____ Final: _____	Position: Duties:	Reason for Leaving:

### Education

School	Name	Location	Course of Study	Degree Obtained
High School/GED				
College/University				
Graduate School				
Vocational / Specialized				

**Military**

Military Service:  Yes  No

Branch: \_\_\_\_\_

Specialized Training:

**References**

Name	Company	Title	Contact Information

**Signature / Certification**

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize Khair Family Practice to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Khair Family Practice by any of the schools, services, or employers listed on this application.

**Signature:**

**Date:**